

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90060 006 \*\*\*158.75

**DOCUMENT # P99000085032**

1. Entity Name

CDV - ENVIRONCOMP, INC.

Principal Place of Business

175 FIFTH ST., S.W., STE. 104  
 WINTER HAVEN FL 33880

Mailing Address

175 FIFTH ST., S.W., STE. 104  
 WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, WILLIAM N  
 175 FIFTH ST., S.W., STE. 104  
 WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE FEAT, EDMUND J	
STREET ADDRESS	1540 LIBBY ROAD	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	CLARK, WILLIAM N	
STREET ADDRESS	175 FIFTH ST SW STE 104	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANHORN, KENNETH C	
STREET ADDRESS	751 CUMBERLANE TERRACE	
CITY-ST-ZIP	CLARKSVILLE TN 37040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LAAT, EDMUND J	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH F. CASE	
STREET ADDRESS	5023 SHEFFIELD ROAD	
CITY-ST-ZIP	LAKELAND, FL 33843	
TITLE	VICE PRESIDENT/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY D. CLEVELAND	
STREET ADDRESS	1909 LADY AVENUE	
CITY-ST-ZIP	OCFEE, FL 34761-3290	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

863-294-1342

Daytime Phone #

CR2E034 (10/00)